

**CLAY COUNTY SCHOOLS  
OUT OF STATE TRIP/OVERNIGHT  
IN STATE TRIP/OVERNIGHT  
IN STATE  
EXTRA-CURRICULAR TRIP REQUEST**

Date Submitted \_\_\_\_\_

Name of School \_\_\_\_\_

Organization Requesting Trip \_\_\_\_\_

Purpose of Agenda of Trip \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time of Departure \_\_\_\_\_

Date and Time of Return \_\_\_\_\_

Destination: Address \_\_\_\_\_

City

Zip

State

Accommodations: Name of lodging \_\_\_\_\_

\_\_\_\_\_

City

Zip

State

Phone

Type of Transportation \_\_\_\_\_ Approximate Distance \_\_\_\_\_ miles

Number of Student Passengers \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Name of all Chaperone(s) \_\_\_\_\_

\_\_\_\_\_ Alternate \_\_\_\_\_

Comments \_\_\_\_\_

Telephone Numbers Where You Can Be Reached: Cell \_\_\_\_\_

Signature of Organization Sponsor \_\_\_\_\_

Date

Signature of Principal \_\_\_\_\_

Date

Board Approved \_\_\_\_\_